

TRANSACTIONS  
OF THE  
NEW YORK SURGICAL SOCIETY.

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*Stated Meeting, November 28, 1906.*

The President, DR. GEORGE WOOLSEY, in the Chair.

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CONGENITAL LUMBAR HERNIA THROUGH THE  
TRIANGLE OF PETIT.

DR. CHARLES N. DOWD read a paper with the above title, for which see page 245.

DR. JOHN F. ERDMANN said that about four years ago he saw two cases of congenital lumbar hernia, both on the left side, and both quite typical. The first patient, a child of two years, was lost sight of. The second, a child of four years, was operated on by Dr. Erdmann. The hernial protrusion was through the triangle of Petit, and no difficulty was encountered in closing the defect by bringing together the latissimus dorsi and the external oblique muscles.

CYSTS OF THE SUPRARENAL BODIES.

DR. ANDREW J. McCOSH read a paper with the above title.

DR. CHARLES H. PECK said the possible extension of these suprarenal cysts upwards, and their pressure against the wall of the diaphragm, to which Dr. McCosh had referred in his paper, recalled a case which came under his observation last summer. In that instance there was an extremely large cyst, filling the upper left quadrant of the abdomen. It was firmly adherent to the surrounding structures, and while the supposition at the time of operating was that it sprang from the pancreas, it might have had its origin in the left suprarenal, although its surface did not present the orange colored spots which Dr. McCosh men-

tioned as indicative of suprarenal cysts. An attempt to enucleate the cysts was abandoned when it was found that it had invaded the right thoracic cavity, passing beneath the ligamentum arcuatum internum. The entire hand, with the exception of the thumb, could be inserted into the opening beneath this ligament into the thoracic cavity, barely reaching the upper limit of the cyst, which compressed the lung and parietal pleura.

The cyst was emptied and drained, the patient made a good recovery from the operation and was well the last time Dr. Peck saw her.

#### ADVANTAGE OF THE LATERAL POSITION IN CERTAIN OPERATIVE PROCEDURES.

DR. F. TILDEN BROWN demonstrated a folding-board which he had found very useful for the purpose of obtaining a satisfactory exposure of the ilio-costal space in operations on the kidney and prostate with the patient in the lateral position. He also emphasized the importance of relieving the patient's chest from the pressure of the overlying arm during narcosis, and showed an upright upon which the arm could be suspended.

DR. F. KAMMERER said he also had found the lateral position of great advantage in difficult nephrectomies. To prevent turning over on the abdomen or on the back the speaker usually had the pelvis of the patient firmly held by a nurse seated at the lower end of the operating table. Of course the sound side had to be supported by some firm pillows or some device similar to the one shown by Dr. Brown. Speaking of position Dr. Kammerer said that he had had a rather disagreeable experience last spring with a patient on her abdomen over the customary inflated rubber pillow, Dr. Thos. L. Bennett administering the anaesthetic. The operation of nephrectomy had been underway for about 10 minutes when the pulse rather suddenly became weak and rapid, going as high as 180 a minute. The condition of the patient became critical and, at Dr. Bennett's suggestion, the position was changed to the lateral and the pillow removed. The condition immediately improved and the pulse in several minutes dropped to 120.